

**WIC Staff Guidance Document for
Child (2 – 5 years) Diet Questionnaire
Revision 10/2007**

Diet Questionnaires are used to assess the dietary/feeding practices of WIC applicants to enable WIC Staff to assign applicable risk factors and determine appropriate referrals, counseling and food package tailoring needs. This document provides a review of the risk factors that can be assessed by each question on the Child (2-5 years) Diet Questionnaire. Refer to the Nutritional Risk Factor manual for the complete definition for each risk factor.

<i>Question</i>	<i>Staff Action</i>
1) Please check all of the following you have that work.	Assess ability to store and prepare food. Use information to assign a food package that meets the client's needs and target counseling on identified needs and concerns.
2) What does your child usually drink?	Assess if the child drinks any beverages that contain sugar. Assign " <i>Feeding Sugar-Containing Fluids</i> " as appropriate. Assess if the child drinks unpasteurized dairy products or juice. Assign " <i>Feeding Foods that Could be Contaminated</i> " as appropriate. Assess if the child drinks herbal teas and assign " <i>Intake of Dietary Supplements with Potentially Harmful Consequences</i> " as appropriate.
3) What does your child drink from?	Assess if a child beyond 14 months of age is routinely using a bottle for feeding or drinking. Assign " <i>Inappropriate Use of Bottles, Cups or Pacifiers</i> " as appropriate.
4) Does your child ever walk around drinking from a sippy cup or a bottle?	Assess if the child is allowed to carry a cup or bottle around or use the bottle as a pacifier. Assign " <i>Inappropriate Use of Bottles, Cups or Pacifiers</i> " as appropriate
5) How many times does your child drink milk during a normal day?	Assess for adequacy of intake and target counseling on identified needs and concerns.
a) How much milk does your child drink each time?	
b) What type of milk does your child usually drink?	Assess if sweetened condensed milk, or other inadequately or unfortified beverages are routinely provided as the primary milk source. Assign " <i>Inappropriate Beverages as Primary Milk Source</i> " as appropriate.
c) Do you ever add any flavoring to the milk?	Assess if any sugar containing flavors are added to the milk. Assign " <i>Feeding Sugar-Containing Fluids</i> " as appropriate.
6) How many times does your child drink water during a normal day?	Assess for adequacy of intake and target counseling on identified needs and concerns.
a) How much water does your child drink each time?	

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b) What kind of water does your child usually drink?	Assess the fluoride content of the water and if a child is taking a fluoride supplement (question #18). Assign “ <i>Inadequate Vitamin/Mineral Supplementation</i> ” or “ <i>Intake of Dietary Supplements with Harmful Effects</i> ” as appropriate.
c) Do you ever add anything to the water?	Assess if any sweeteners, such as sugar, honey or syrup are added to the water. Assign “ <i>Feeding Sugar-Containing Fluids</i> ” as appropriate.
7) How many times does your child drink juice during a normal day?	Assess for adequacy of intake and target counseling on identified needs and concerns.
a) How much juice does your child drink each time?	
b) What kind of juice or juice drinks does your child usually drink?	Assess if the child drinks unpasteurized fruit or vegetable juice. Assign “ <i>Feeding Foods that Could be Contaminated</i> ” as appropriate. Assess if the child drinks sweetened juice. Assign “ <i>Feeding Sugar-Containing Fluids</i> ” as appropriate.
c) Do you dilute the juice with water?	Assess for adequacy of intake and target counseling on identified needs and concerns.
8) At mealtimes, how often does your child eat the same foods as the rest of the family?	Assess appropriateness and target counseling on identified needs and concerns.
a) What types of food does your child eat?	Assess if the foods provided are an appropriate texture for the child’s developmental stage and foods that put the child at risk of choking are not routinely provided. Assign “ <i>Feeding Practices that Disregard Developmental Needs</i> ” as appropriate.
b) Can your child feed him/herself?	Assess appropriateness and target counseling on identified needs and concerns.
9) How many times does your child eat on a normal day?	Assess the timing and frequency of feedings. Assign the risk factors “ <i>Feeding Practices that Disregard Developmental Need</i> ” and/or “ <i>Diet Very Low in Calories and/or Essential Nutrients</i> ” as appropriate.
10) What do you do when your child asks for food between meals and snacks?	Assess the caregiver’s ability to recognize the child’s hunger and/or satiety cues. Assign the risk factors “ <i>Feeding Practices that Disregard Developmental Need</i> ” as appropriate.
11) Please mark the situations that describe how your child normally eats?	Assess appropriateness of eating situations and target counseling on identified needs and concerns.

<i>Question</i>	<i>Staff Action</i>
12) Which snack foods does your child usually eat?	Assess if the foods provided are an appropriate texture for the child's developmental stage and no foods that put the child at risk of choking are provided. Assign " <i>Feeding Practices that Disregard Developmental Needs</i> " as appropriate.
13) How many times does your child eat fruits and vegetables (not juice) during a normal day?	Assess if the foods provided are an appropriate texture for the child's developmental stage and foods that put the child at risk of choking are not routinely provided. Assign " <i>Feeding Practices that Disregard Developmental Needs</i> " as appropriate.
Which fruits and/or vegetables does your child usually eat?	Assess if the child is fed raw vegetable sprouts. Assign " <i>Feeding Foods that Could be Contaminated</i> " as appropriate.
14) How many times does your child eat protein foods during a normal day?	Assess if the foods provided are an appropriate texture for the child's developmental stage and foods that put the child at risk of choking are not routinely provided. Assign " <i>Feeding Practices that Disregard Developmental Needs</i> " as appropriate.
Which protein foods does your child usually eat?	Assess if the child is fed raw or undercooked meat, fish, poultry, eggs, or tofu. Assign " <i>Feeding Foods that Could be Contaminated</i> " as appropriate. Assess if the child is fed soft cheeses, deli meats, hot dogs, or other processed meats. Assign " <i>Feeding Foods that Could be Contaminated</i> " as appropriate.
15) Which sweets does your child usually eat?	Assess if the child drinks any sweetened beverages. Assign " <i>Feeding Sugar-Containing Fluids</i> " as appropriate.
How are they usually eaten?	Assess if the child is using a pacifier dipped in sugar, honey or syrup. Assign " <i>Inappropriate Use of Bottles, Cups or Pacifiers</i> " as appropriate.
16) Does your child regularly eat anything that is not food, such as dirt, paper, crayons, pet food or paint chips?	Assess if the child routinely eats any nonfood items. Assign " <i>Pica</i> " as appropriate.
17) Does your child have any health/medical/dental problems?	Assess for dental problems. Assign " <i>Dental Problems</i> " as appropriate. Assess for disabilities that interfere with the ability to eat. Assign " <i>Disabilities Interfering with the Ability to Eat</i> " as appropriate. Assess for medical conditions. Assign the corresponding risk factor as appropriate.

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Was this problem diagnosed by a doctor?	Used to confirm diagnosis of conditions for risk factor documentation.
18) Please check and describe all of the following your child usually takes.	
Over-the-counter drugs	Assess medications that interfere with nutrient intake or utilization. Assign “ <i>Drug Nutrient Interactions</i> ” as appropriate.
Prescription medication	Assess medications that interfere with nutrient intake or utilization. Assign “ <i>Drug Nutrient Interactions</i> ” as appropriate. Assess for medical conditions. Assign the corresponding risk factor as appropriate.
Vitamin and/or minerals	Assess and assign “ <i>Intake of Dietary Supplements with Harmful Effects</i> ” as appropriate. Assess the fluoride content of the water and if a child is taking a fluoride supplement. Assign “ <i>Intake of Dietary Supplements with Harmful Effects</i> ” or “ <i>Inadequate Vitamin/Mineral Supplementation</i> ” as appropriate.
Herbs/Herbal Supplements	Assess and assign “ <i>Intake of Dietary Supplements with Harmful Effects</i> ” as appropriate.
19) Do you worry about how much your child is eating?	Provides an opportunity to identify specific parental concerns change about their child's eating pattern. Behavior change is more likely to occur when information addresses specific needs and concerns.
20) Has your child had a blood lead test?	Assess if child has had a blood lead test within the past 12 months. Assign “ <i>Elevated Blood Lead Levels</i> ” and/or refer as appropriate.
21) What is one thing you like about your child’s eating?	Provides an opportunity to learn what parents like about their child's eating pattern. This open-ended question may identify positive feeding practices to reinforce. It may also provide information that explains other identified risks or inappropriate practices.
22) What is one thing that you would like to change about your child’s eating?	Provides an opportunity to learn what parents would like to change about their child's eating pattern. Behavior change is more likely to occur when information addresses specific needs and concerns.
23) How much time does your child spend actively playing each day?	Assess appropriateness and target counseling on identified needs and concerns.
24) About how many hours does your child sit and watch TV, videos, or DVDs on a normal day?	Assess and compare response to information on the KWIC Health Interview window, target counseling on identified needs and concerns.